

CLIENT RESPONSIBILITIES

Physical Restoration:

- I agree to apply any Medicaid, Medicare or other related medical benefits to the costs of the services associated with this IPE if able.
- I will follow all medical advice, recommendations, treatment plans or instructions provided by medical or treating professionals. I will cooperate in providing records or signing consents to enable my VRC to obtain copies of medical or treatment records associated with this IPE.
- I will notify my VRC when the service(s) has been arranged and/or received.
- If I am dissatisfied with a device, piece of equipment, materials or supplies provided, I will contact my VRC and cooperate to resolve the problem.